



*THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES*

DIVISION OF HEALTH CARE FINANCE AND POLICY

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TO: Interested Parties

FROM: Judy Parlato, Clinical Advisor

DATE: May 11, 2006

**RE: Summary of Proposed Amendments to 114.1 CMR 17.00:
Requirement for the Submission of Hospital Case Mix & Charge Data**

The amendments follow an October 19, 2005 Case Mix Advisory meeting with hospital contacts and other interested parties. At that meeting, there was a discussion of current issues relating to data reporting quality and potential changes to the Case Mix Data submission, including expansion of Race/Ethnicity reporting; addition of Condition Present on Admission Indicator for all diagnoses; addition of Patient Street, Town, and State; and addition of HCF OrgID. The Division is also proposing to add new physician reporting requirements. Changes under consideration will be proposed with an effective date of October 1, 2006. Below is a summary for each of the changes.

Race/Ethnicity: Currently, there are 7 different race values for reporting (White, Black, Asian, Hispanic, American Indian, Unknown, And Other). We are proposing to create a separate indicator for Hispanic and a new and separate ethnicity category. The race categories would remain basically unchanged except that Hispanic would now be reported in a separate field as an indicator. The Hispanic Indicator is a “yes” or “no” response indicating that the patient is or is not Hispanic/Latino/Spanish. The new ethnicity field would allow for detailed choices for reporting ethnicities, consistent with federal OMB standards. The proposed changes are consistent with federal and EOHHS standards for Massachusetts. We have coordinated the proposed ethnicity values with MDPH’s race and ethnicity standardization efforts for its programs. The proposed changes will allow for improved disparities research, improved program planning and treatment regimes for the increasingly diverse American population.

Condition Present on Admission Indicator: Collection of Condition Present on Admission Indicator is a “yes”, “no”, “unknown”, indicator that would be required for all diagnosis and the Principal E-code. Condition Present on Admission indicates whether the diagnosis preceded the

admission or followed admission. It allows for improved risk adjustment in analysis. This has been implemented in several other states. Also national standards such as the upcoming UB-04 and the 5010 (October 2003) Version Institutional 837 Implementation will support the reporting of Present on Admission Indicator as a situational element using the code values Y, N, and U.

Addition of Patient Street, Town, State and Country:

Currently hospitals report patient zip code. However, zip codes are not precise location indicators for small area analysis as several zip codes cross over town boundaries. Improving detailed location information would allow for more precise environmental analysis and disease surveillance and evaluation. We would be requiring reporting of permanent patient street address, town, state, temporary address and country for visitors or foreign patients. Addition of a homeless indicator would be expanded to the Inpatient and Observation data bases. Currently, we only have the homeless indicator reported for the Emergency Department data. Aggregate census tract data would be made available to in the public data, not patient address.

HCF OrgID

Currently, the Division collects Department of Public Health number. However, with frequent changes in the hospitals structure such as mergers, the DPH number is not always a unique number for the hospital service site. As a result, the Division assigns a unique identification number for the provider and hospital service site used for consistency in reporting submissions from various locations. The HCF OrgID allows for identification of and consistent analysis for health care sites or campuses. We are proposing the submission of HCF OrgID for the Provider OrgID and Hospital Service Site Reference (site of service) for Inpatient Hospital Discharge Data and Outpatient Observation Data. (The specifications for Outpatient Emergency Department Data already require submission of the HCF OrgID.)

Expansion of Operating Physician License Number and Dates.

The Division is also proposing expansion of collection of physician license number for all 15 procedures from reporting for only the primary procedure and expansion for reporting operation date from 3 procedures to all 15 procedures. During the Division's work with volume reporting for physicians, it was determined that requiring only the primary operating physician limited the ability to accurately account for all the procedures reported. Reporting operating physician and date for all procedures will allow for more accurate and complete analysis.

The Division has also streamlined the technical requirements for the Inpatient Hospital Discharge Data, the Outpatient Observation Data, and the Outpatient Emergency Department Data. Currently, Inpatient and Observation requirements are specified in the regulation while Emergency Department is specified in an Administrative Bulletin. The technical requirements have been separated into 3 separate reporting manuals for each data base.